



**NATIONAL WEATHER SERVICE  
STATE COLLEGE PENNSYLVANIA**



**BUSINESS - StormReady APPLICATION**

Applicant: \_\_\_\_\_ County/Municipality: \_\_\_\_\_

Contact (s): \_\_\_\_\_ Title(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**PROVIDE A COPY OF THIS APPLICATION TO YOUR LOCAL AND COUNTY EMERGENCY  
MANAGEMENT COORDINATOR**

**Criteria**

**Complete**

SECTION 1 – COMMUNICATIONS		
1-1	Established 24-Hour Emergency Notification Plan	
1-2	Established Operations Center during emergencies	
1-3	NOAA Weather Radio All Hazards in Operations Center and throughout critical business locations Number of NOAA Weather radios: _____	
1-4	Redundant communication methods with Local and County Emergency Management Agencies (circle all that apply): Radio – Telephone – Fax – Internet – Pager – Other: _____	
1-5	Access to NWS radar in Operations Center	
SECTION 2 – RECEIPTON OF NWS INFORMATION		
2-1	Methods to receive NWS Messages / Watches / Warnings --- Check all that apply: [Indicate primary (P) or secondary (S)]  ____ NOAA Radio (P/S)    ____ Internet (P/S)    ____ Pager (P/S) ____ Cell Phone (P/S)    ____ Scanner (P/S)    ____ TV/Cable (P/S) ____ Other (P/S) : _____	
2-2	Methods during Off Duty Hours: _____	
SECTION 3 – MONITORING OF LOCAL WEATHER CONDITION METHODS		
3-1	Check all that apply: ____ Rain Gauge    ____ Stream Gauge    ____ Wind Gage    ____ Lightning Detection ____ Internet    ____ Trained Observers    ____ Other: _____	*
3-2	Monitoring During Off Duty Hours: _____	

## SECTION 4 – DISSEMINATION OF WARNINGS TO EMPLOYEES/CUSTOMERS

<b>4-1</b>	Check all that apply: ____ Siren    ____ Emergency Vehicle    ____ PA System    ____ Pager ____ Other:	
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## SECTION 5 – BUSINESS PREPAREDNESS

<b>5-1</b>	Safety Manager <b>and</b> Alternate attended NWS SKYWARN class within past 3 years	*
<b>5-2</b>	24 hour Emergency Contact List up-to-date Date:	
<b>5-3</b>	Safety Manager <b>and</b> Alternate have completed the following FEMA courses:	*
<b>5-4</b>	• Emergency Manager: An Orientation to the Position, IS-1	
<b>5-5</b>	• Introduction to Incident Command, IS-100	
<b>5-6</b>	• An Introduction to the National Incident Management System, NIMS, IS-700	
<b>5-7</b>	• Safety Manager/Alternate has completed on-line Hazardous Weather Course, IS-271	

## SECTION 6 – ADMINISTRATIVE

<b>6-1</b>	"All Hazards Emergency Operations/Action Plan" or equivalent current (within 2 yrs) Date:	
<b>6-2</b>	"All Hazards Emergency Operations/Action Plan" or equivalent includes contact Names and Phone Numbers for: County EMA, Local/Municipal EMC, NWS	
<b>6-3</b>	Has "All Hazards Emergency Operations / Action Plan" or equivalent been exercised within the last 3 years Date:	
<b>6-4</b>	"Evacuation Plan" is current (within 2 years) Date:	
<b>6-5</b>	"Emergency Operations Resource Manual" or equivalent up to date (within 2 years) Date:	
<b>6-6</b>	All emergency plans coordinated with first responders and local/county Emergency Management Agencies (list): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>1) FIRE <input type="checkbox"/></div> <div>2) POLICE <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>3) EMS <input type="checkbox"/></div> <div>4) Other <input type="checkbox"/></div> </div>	
<b>6-7</b>	Business has advised local/county Emergency Management Coordinator (EMC), in writing, of intent on becoming StormReady. Date:	*
<b>6-8</b>	Safety Manager/Alternate conduct one visit to the closest NWS every 3 years. Date:	
<b>6-9</b>	NWS, PEMA (or Central Area StormReady Board Member) {local and county EMA optional} have toured the facility before StormReady declaration has been made. Date:	
<b>6-10</b>	Safety Manager and Alternate has conducted a tour of facility with first responders Date:	

SECTION 7 - FACILITY INFORMATION		
7-1	Average Number of Employees on site at any one time:	
7-2	Average Number of Customers / Visitors on site at any one time:	
7-3	Approximate size of Facility:	(sq ft / acres)
7-4	Approximate number of Permanent Structures at Facility:	
7-5	Any Hazardous Materials Stored on Site: YES / NO	**
SECTION 8 – OTHER		
8-1	List any other Unique requirements (attach any additional documentation as needed)	
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	*	
	*	
	*	

*\*Attach Completion Documentation*

*\*\* If yes, provide list and response plans*

Signature: \_\_\_\_\_ (Applicant) Date: \_\_\_\_\_ (Of Application)

Signature: \_\_\_\_\_ (NWS Approving Official) Date: \_\_\_\_\_ (StormReady Certified)